



OFFICE USE ONLY: Approved by: _____ Date: _____

License No: _____ Amt. Pd: _____ Check No: _____

MANCHESTER HEALTH DEPARTMENT

1528 Elm St., Manchester, NH 03101
Tel: (603) 624-6466, Fax: (603) 628-6004

FOOD SERVICE FACILITY PERMIT APPLICATION

Name of Food Service Facility: _____ Tel #: _____

Address of Facility: _____ Zip: _____ Fax #: _____

Days and Times of Operation: _____

Owner: _____ Mailing Address: _____
(Individual, partnership, Inc., Co., LLC, etc.)

City & State: _____ Zip: _____ Owner's Tel #: _____

Manager: _____ Home Address: _____

City & State: _____ Zip: _____ Home Tel #: _____

Food Safety Seminar or Certification:

Attendee's Name: _____ Name of Program: _____ Date Attended: _____

Seating Capacity: Lounge: _____ Dining Area: _____ Number of seats in smoking area: _____ Number of seats in non-smoking area: _____

Classification of Food Service Facility / Permit Fee

_____ Class I: Restaurants with seating capacity of 100 persons or more; supermarkets.....\$330.00

_____ Class I-A: Supermarkets with bulk foods, a salad bar, and/or a food buffet\$400.00

_____ Class II: Food-service facility having a seating capacity of greater than twenty-five (25) but less than one hundred (100) persons; bakery warehouse; distributors, nursing homes, canteen commissaries, markets with less than two preparation areas\$265.00

_____ Class III-A: Markets selling only pre-packaged food products, mobile food operations; food service operations having seating capacity of twenty-five (25) persons or less, child day-care facilities, liquor lounges, bars\$145.00

_____ Class III-B: Clubs incorporated under the Laws of the State or which are affiliated with any national fraternal organization for the sale to member and bona fide quests of liquor by the glass only\$80.00

_____ Class V: Non-profit organizations not holding a liquor permit and not serving meals on a daily basis; public and parochial school and institutions; and government facilities.....No fee

_____ **Renewal Late Fee:** In addition to the above, for any renewal permit received after the tenth day of the month following date of expiration.....\$25.00

SIGNATURE: _____ **DATE:** _____

LICENSES WILL NOT BE ISSUED UNLESS THIS APPLICATION IS COMPLETELY FILLED OUT